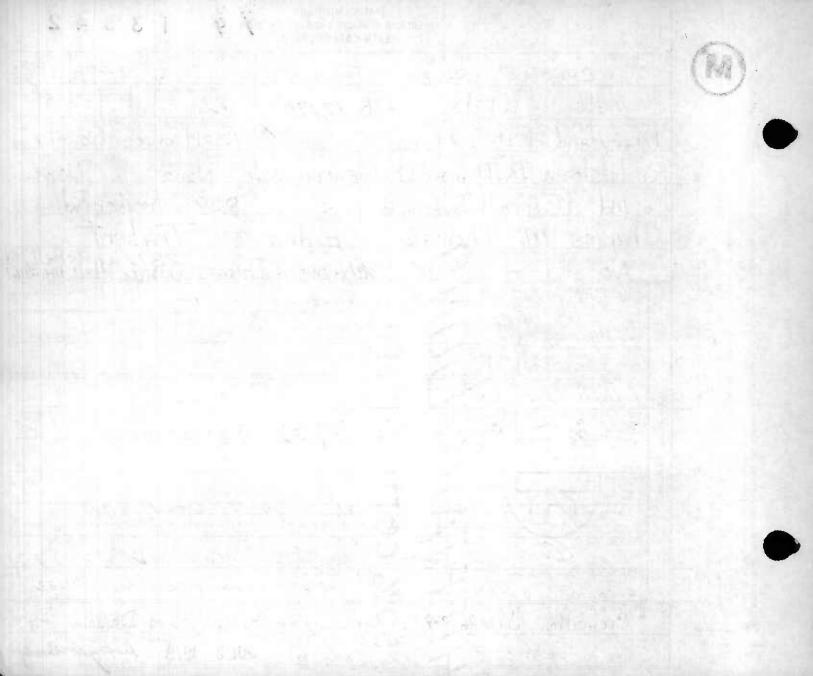
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5 ± 2 3 ₹	230.	BURIAL, CREMATION, R		3b. DATE			EMETERY OR CREMATORY	23d. LOCATIC	N	COUNTY	STATE
BP	$\overline{}$	Burial UNERAL DIRECTOR	J.	uly 3,			ew Mem. Garde				inois
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				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	140 LS 151 H LE 15 M H L	8 4 2
M		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 20
oy be	3. SE)	CHAR	LES RALPH	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER SHRS
rector.		Male	White	Feb. 17,1907	72 YRS	MONTHS DAYS HOURS MIN.
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by the fulled with	R	andals town	1). NAME OF HOSPITAL, NURSING	DATE OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OR INDUSTRY
hin 24 haur ly filled in should be ler must be	IJSUA 13a S	TATE MODEL (IF NURSING NOME OF TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	NO INSIDE CITY LIMITS?	13. STREET ADDRESS Tre	aker Rd.
mpletely ond 2 sh	14. FA	HER'S NAME, NOTICS h	Mi Thomas	15. MOTHER'S MAIDEN NA	AME MIDDLE / F.Z.	bert
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h certificate I ding physicio orbanpapers or remavol.		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), and SED BY ATE CAUSE (o) DUE TO, OR AS A CONSEQUEN	RESPIRATERY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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equires the signed Then ples to buring injury, or	NO	PART 2 OTHER SIGNIFICANT PULLUDARY	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM		
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phys phys phys pl Hinco		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH DAY		TREB (ENTER PATURE OF INJURY IN ITEM I	8, PART OR PART 2)
G PHYSIC attending er this cer s the burio and Ment ked or Iter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN Dital or 1 TOR: Aft for use or af Health		22a.1 certify that (I) (this hospital saw the deceased alive a	pital) attended the deceased from 19 7	9 , and that in (my) (aur) opinion	to 6-24 death occurred on the date and h	our and from the courses stated
the hosp the hosp at DIREC eroched re Dept. T: If them		22b. SIGNATURE	ion view the budy offer death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 6 - 2 - 70
TO HOSPITAL (retoined by the TO FUNERAL I Should be deto with the State (IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	a Clarin	22e. ADDRESS BCGH - A	^	rel. 21133
PP	23a. B	URIAL CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	20. Harrisburg	Dauphin, Pa.
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FU	INERAL DIRECTOR	ADDRESS 9	25a. DA		ISTRAR'S SIGNATURE



Deceased Name 1807 1800	(MA)		1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE/ 9 REG. NO.	3 8 4 3
Alson Gray THOMPSON June 8, 1979 Is ex Salt Of Beth A COUNTY A COUNTY	(BAS)			OR BRIDITI			20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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The setting of the country The setting of	ge 4 nta ector, po		3. SE	M	4 RACE		65	MONTHS DAYS HOURS MIL
THE CONTROL OF BUSINESS IN MOUNT IN THE CONTROL OF BUSINESS IN THE	Po Po	ë	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED WALEVED MARRIED		
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228. I certify that M (this hospital) attended the deceased from May 30 , 19 79 , to June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased from May 30 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we) I sow the deceased alive on June 8 , 19 79 , that M (we	S PHYSICIAN: T thending physician this certificate the burial-transition and Mental Hygin	Hea	_	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 210: PLACE OF INJURY	AY YEAR 19 211 LOCATION		
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	TTENDING Spitol or of CTOR Afre for use os	21 is mork		22a.1 certify that 14 (this hospi		May 30 , 19 79 , ond that in (Ny) (our) opinion	79 , to June 8 death occurred on the date and	haur and from the causes stoted
1 9000 Franklin Square Dr. 2123/	1 = 1 = 1	ANT: # Hen		22b. SIGNATURE POL	row MO	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 6/8/79
	O HOSE etoined TO FUN hould b	MPORT.		Lisa Chow		1.00	ınklin Square Dı	. 21237

23b. DATE

DHMH-16 20M (VRA 15, 4) 7/7B

BP_

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

26. HOUR 4:30P IF UNDER 24 HRS

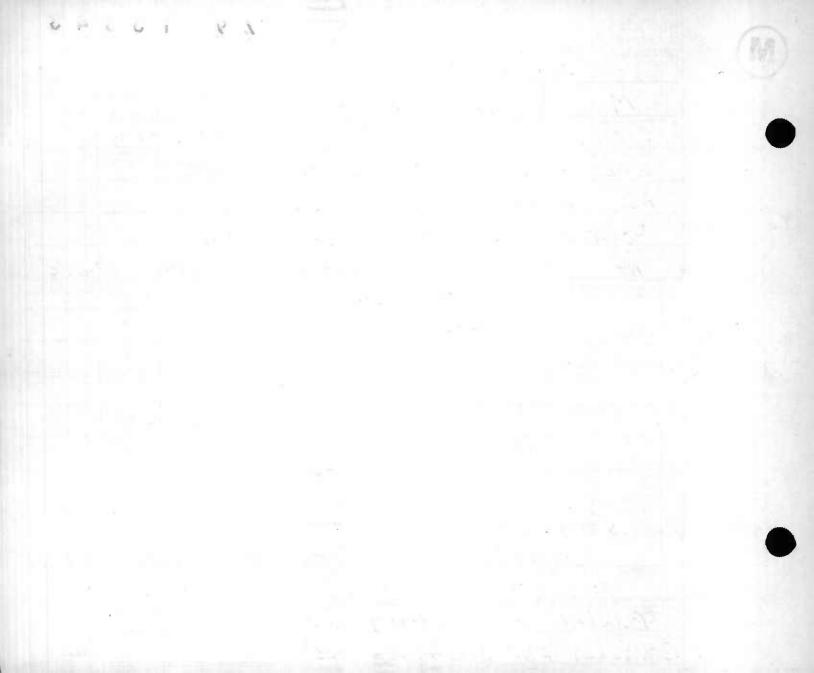
HOURS MIN

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19_______, that of (we) lost

9000 Franklin Square Dr. 21237 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY STATE CITY OR TOWN COUNTY 250. DATE REC'D. BY REGISTRAR 256. BUGISTRAR'S SIGNATURE



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- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 76 DATE OF DEATH MONTH 7b·HOUR TYPE OR PRINT 1:45P 6/15/79 PAUL Trentler Carl 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE IF LINDER 24 MRS MONTH HOURS 1914 Male White August To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Pay Clerk Abex Corp. GBMC. 6701 N. Charles St. 21204 Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY
Baltimore 13a STATE Parkville 13d. INSIDE CITY LIMITS? 7801 Oakdale Ave. 21234 Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 2 e ALIDD1E Trentler MIDDLE Imhoff Harry Anastasia 00 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 213-01-5175 Estelle G. Trentler Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF Central Nervous System Depression Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Hepatic Failure 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED ď IN CERTIFYING CAUSES OF DEATH? NOF YES F NO IT sho Mentol Hygi 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 6/1 6/15/79 22a | certify that (1) (this haspital) attended the deceased from_ sow the deceased alive and 6/15/79 __ and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated obove, (I) (we) (did) (and not view the body after death Dept. 226 SIGNATURE DEGREE 22c. DATE SIGNED STAFF * ATTENDING MEDICAL Should be detor 6/15/79 DIRECTOR PHYSICIANX PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (THE CHIPMEN 22e ADDRESS GBMC, 6701 N. Charles Street 21204 Stephen Laiken, M.D. 23b DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL CREMATION, REMOVAL June 18,1979 Entombment Parkwood Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Balto Md.

Leonard J. Ruck, In c.

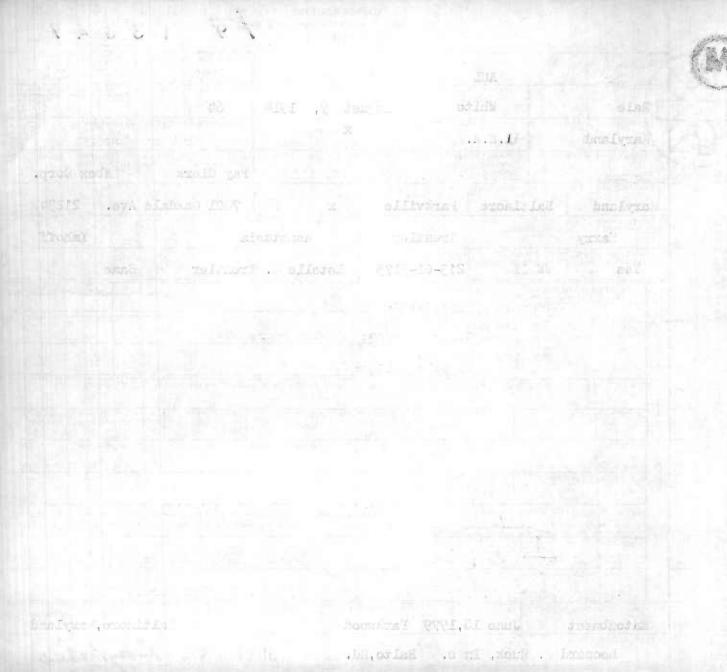
FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

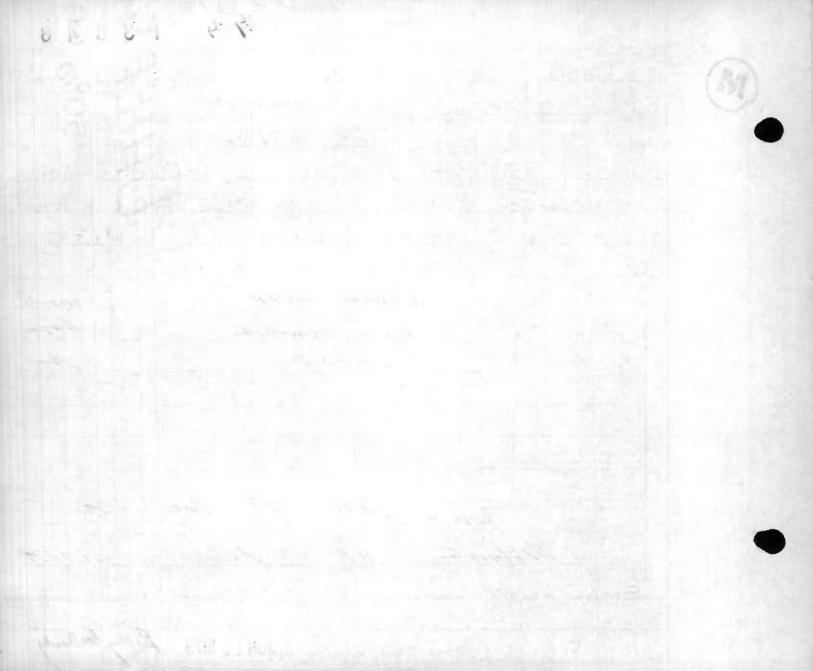
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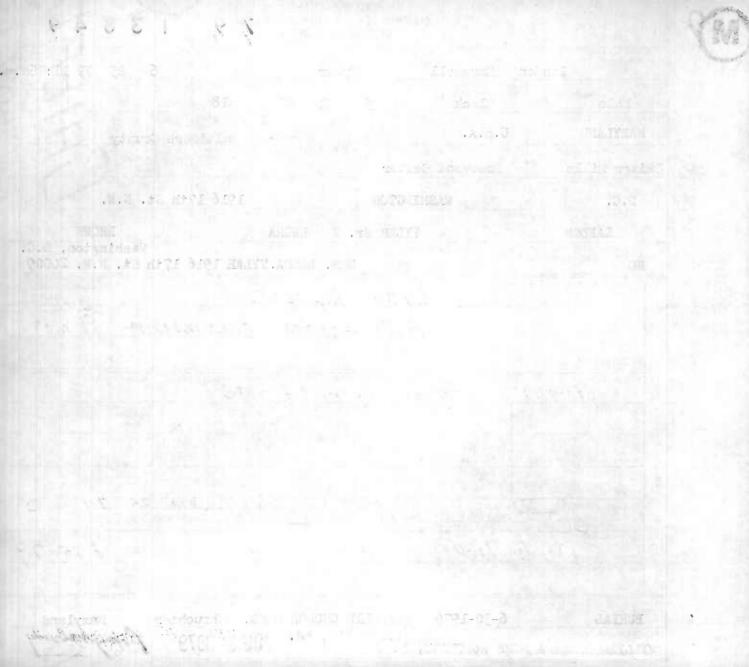
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		1			STAT	E OF MARYLAND				
		1.	FOR STATE			HEALTH AND MENTAL HY	GIENE 9	1 3	8 4	Q
12		_	REGISTRAR			FICATE OF DEATH	REG. N	10:		Q
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)		3 SE	X	1 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI			HOURS MIN.
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the m)	_	110	1919.		LHICKS	RECORI	72	APPROXIM	ATE INTERVAL
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	y, or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(0	
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	oud	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, Y	WERE FINDING	S USED
1	7	TIF					YES NO	YES		NO [
0	00		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURE	JRY IN ITEM 18, PAR	T 1 OR PART 2)	
*	E	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
	ō	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY PRY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
-	o ke		AT WORK NOT WHILE AT WORK				0 7			
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	m 21		sow the deceased alive an abave. (1) (we) (did) (did not	view Me body ofter dec	oth.	nd that in (my) (aur) apinia	n death accurred on the c	late and haur e		
	If he		22b. SIGNATURE	no c		DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE SI	GNED
	<u> </u>		194 DUVELCIAN S NIA AAE	amo	117	PHYSICIAN .	DIRECTOR PHYSI	CIAN	16/7	11
with the State	MPORTANI		22d. PHYSICIAN'S NAME (TYPE OR	PKINT)	4	22e. ADDRESS	0 00 7	0.0		
W.T	MPC		CLLIOTT S.	HAKKIS		18100 HAR	HORD RO	CHC		
		230.	BURIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	000	OUNTY	STATE
	-	74 E	URIAL JNERAL DIRECTOR	16-9-1910	LITARKU	DOOD LEM.	TARKVIL	LE JSA	L 10.	1,50.
7.	5	8	NAME TO THE TOP	0 0 1 0 11 - 0 4	DDRESS	In o Francis	JN 1 1 1979	progra	y/1945	isoly
		-	SIDI CHE	KHL JAPS	T 09001	THICKOUTH.	4 1, 1010	1		



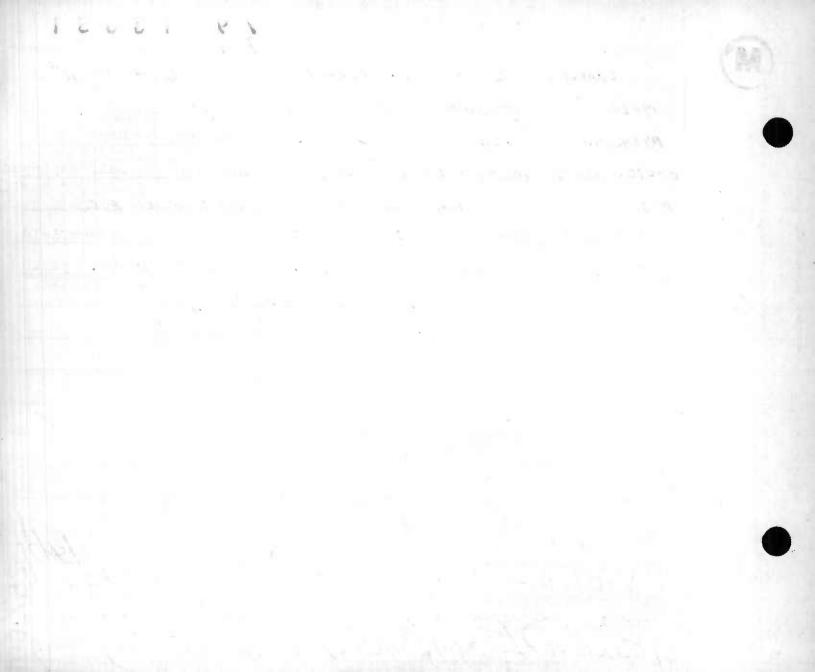
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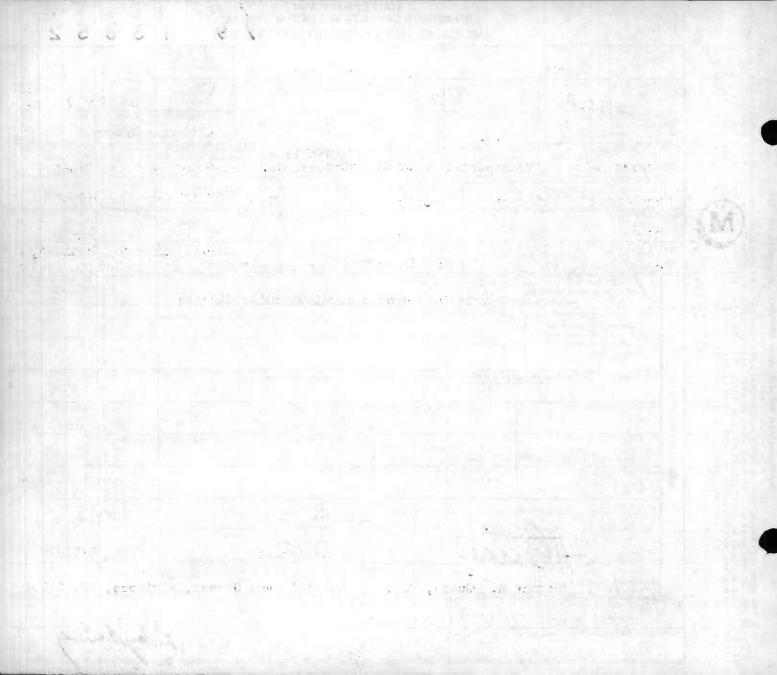
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		51/4 200		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME MIDDLE 2e. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) UTHER CHARLES VAN CLEAF IF UNDER 24 HRS 1 SEX S DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS # UNDER I YEAR MONTH YEAR DAYS HOURS CAUCASIAN 05 To BIRTHPLACE ISTATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Self employed VALLEY VIEW USG. RALTO, COUNTY BARBER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO [mn BALTIMARE 2708 HAMILTON 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE EIRST LAST FIRST MIDDLE Martin Luther VanCleaf. Nellie Greenfield G ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 1 Lara Ct. Apt No 212-03-7368 Harry L. VanCleaf APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), operation PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES [Hygi 71m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED CENTER NATURE OF IN JURY IN ITEM TO PART T OR PART 23 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER 0 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 228.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that In (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body 776 SIGNATURE DEGREE 22c. DATE SIGNED O MEDICAL ATTENDING STAFF be deto e Stote I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAM 22e ADDRESS ld b shoul with 236 BURIAL, CREMATION, REMOVAL 23d. LOCATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN (SPECIEV Parkwood Cemetery Parkville Baltimore Burial Md. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/7B



15	FOR	DEPARTMENT C	F HEALTH AND MENTAL H	IYGIENE	
0	STATE REGISTRAR	. MEDICAL EXAM	INER'S CERTIFICATE C	FEETH RELINGS	8 5 2
	ECEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN TO MON	TH DAY YEAR 26. HOUR
(1	YPE OR PRINT) Charles	148	Van Meter	OF ESTI-	20 19 79 M
3. S		5. DATE OF BIRTH 6. AGE (III	YEARS IF UNDER 1 YR. IE UNDER		
	M White ^C	MONTH 5 1917 62 BIR	HDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD 6	00 80
la.	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	YRS.	A BALTIMORE CITY OR COL	
	FOREIGN COUNTRY)		MARRIED - NEVER MARRI	ED L	
	Vest Virginia	U.S. 11. NAME OF HOSPITAL, NURSING HO	WIDOWED DIVORC		MD.
0	parrows Point	(IF NOT IN SUCH FACILITY, GIVE STREET ADDREST TransportationPark	Bethlehan		OR INDUSTRY
		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM		Truck Driver	Steel
13a.	STATE 1136. COUNTY	Y II3c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
		imore Dundalk	YES NO 🖾	3017 Liberty Pa	arkway
14.	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME . MIDDLE	LAST
1	Glover Cl	eveland Van Me	ter Dehlia		Reed
160	(YES, NO, OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)		3017 ^{ADDRES} ber	
	Zes WW	II 217 26	2577 Gertrude	e K. Van Meter-	Balto.MD2122
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (o) Arterioscler	otic cardiovascu	lar disease	
	4292	DUE TO, OR AS A CONSEQUENCE	CE OF		C TO THE PARTY
	Conditions, if ony, which gove rise to immediate	(b)			
	couse (o) stoting the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE	CE OF		
	Tyring coose lost.	(c)			
		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
NO NO					
S	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		20. AUTOPSY?
E				6	YESX NO
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART) OF	PART 2)
SAL	UNDERLYING OR CONTRIBUTING CAUSE OF DE		CIN .		
Ğ	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CON OR TO	
1 2	AT WORK AT WORK	STREET, FACTORT, FARM, E(C.)	SIREEI	CITY OR TOWN	COUNTY STATE
		of the remains described above, held or	Autopsy XX Inspection	П	
					opinion
	death resulted from: Natora	Couses LXX Accident L.	Suicide	Undetermined monner,	
	ACTUAL	TIAMIN	TITLE (SPECIFY) Assistan	t DAT	
	SIGNATURE	JUNIOU	M.DM.D.		NED
230.	EXAMINER'S NAME	moz P Cuand M D	111 na	nn Stroot Dolti-	m Md 21201
22.	(TYPE OR PRINT) HOT BURIAL, CREMATION, REMOVAL 238	mez R. Guard, M.D		nn Street, Baltimon	e, Ma. ZIZUI
230.	(SPECIFY)		EMETERY OR CREMATORY	CITY OR TOWN	OUNTY STATE
	Entombment	6/23/79 Druid	Ridge Cem.	Pikesville, B	alto. MD
1 47.	NAME DUCA-	Ruck ADDRESS I		2 2 1979	Medicaly
	1922 Wise Ave	nue, Dundalk, M	D ZIZZZ I IIIN	עונו אא	



NOTORANGELO

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

236 DATE

22d, PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

June 13,1979 Loudon Park Crematory

ADDRESS 1050 York Road

7620

REG. NO IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12h KIND OF BUSINESS OR INDUSTRY Own Home 202 Coralhaven Court Krebbs Same as #13. 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [COUNTY 221. DATE SIGNE DIRECTOR PHYSICIAN TOWSON, YORK RD. 23d. LOCATION STATE Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

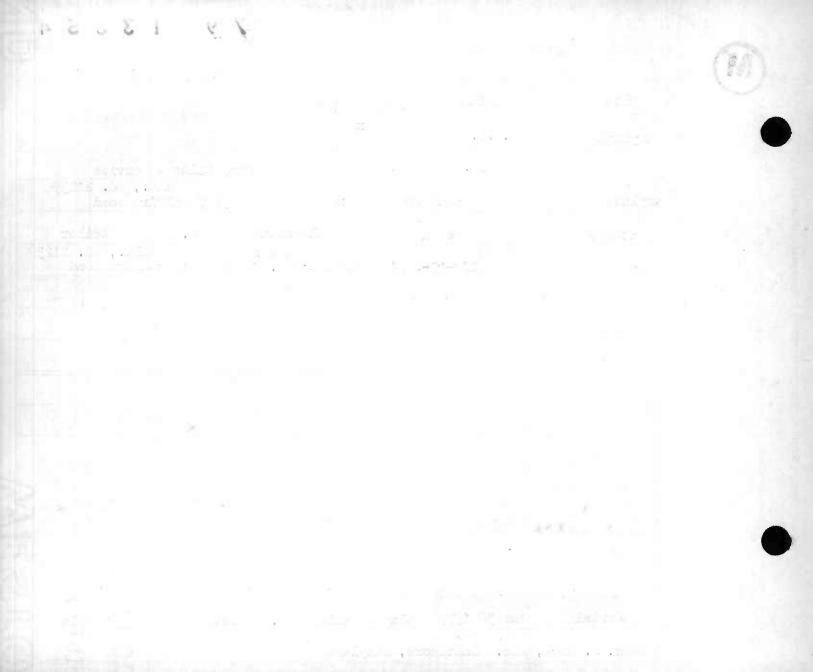
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TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL SATURDER COMPRES LANGE TO SELECT THE SECOND OF THE SECOND OF

Baltimore, Maryland

Leonard J. Ruck, Inc.

(VRA 15, 4) 7/78



ner must be natified

STATE OF MARYLAND FOR

24 FUNERAL DIRECTOR ADDRESS 1050 York Road 25 Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	ICAIL OF DE	LATII		REG. NO.	1	11.1	1 %	
		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF	DEATH MO	DITH D	AY YEAR	2b. HOL	JR .
	(IFF)	OR PRINT)	Gerald	line	C.		roman	JEL.		June		1979	5:1	OPM,
	3 SEX	(4 RACE		5. DATE (OF BIRTH	YEAR	6. AGE (IN YE	ARS LAST BIRTHD		ONTHS DAYS	IF UNDER	24 HRS MIN
		'emale		Whit	ie	Oct		L7 1200	61		YRS.		HOURS	Mild
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	APPIED [OF DEATH	OF DEATH				
7		New Yor		U.S.		WIDOWI	ED X DIV	ORCED	Balti	more (Count	у,		MD.
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSING		OR OTHER INSTI	TUTION		OCCUPATION FOR MOST OF W		126 KIND C	F BUSIN	ESS OR
0		illendal		6900	A Lachlar	1 Cir				Maker			Home	2
	13a. S	TATE	13b COUN	ITY	GIVE RESIDENCE BEFORE	N_	13d INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS				
Đ		ryland	Balt	imore	Hillenda	ale		NO 🔏		A Lac	hlan	Circle	2	
	I4 FA	THER'S NAME	,	AIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	ME	WIDDLE	3	LAS	51	
2		Frede	rick	D.	Coons		Orar	nge			Son	rnberge	er	
/	16a W	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS			New 1	
		lo	(# 163, 5112		058-38-6	5741	Palmer	&Shay1	or Fun	eral H	iome,	Middle	eburg	gh,
		18 CAUSE OF DE	EATH (Enter on	ly one couse per	line for (o), (b), and	dic					-		IMATE INTER	DEATH
		PARI I. DEAI		E CAUSE (0)	ARCIN	OMA	1 OF	PAN	VORE	AS	a	184	ICHTI	45
		1579 DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony, which								-				
		gove rise to		DUE TO O	R AS A CONSEQUE	NCEOE		02.00						
		underlying couse lost.								-				
		PART 2. OTHER S	SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISE ASE	OR CONDIT	ION GIVE	N IN PART 1	0 1	
	NOI	DIABE	TES, 5	ECON DI	ARY to	PAN	ICREAT	TIC' L	DISEA	JE				
7	CAT	and the same of th	RATION		ITION FOR WHICH		N WAS PERFOR		20a AUTO	PSY?	Ob. IF YES,	WERE FINDING	NGS USE	D
1	CERTIFICATION	JANUARY	22-197	9 CARC	INOMA	0F	PANCR	KAS.	YES 🗀	NO	YES		NO [
7		21a, ACCIDENT WAS	h	21b. TIME C	FINJURY M. MONTH DA	V YEAR		URY OCCURR	RED (ENTER NAT	URE OF INJURY IT	V ITEM 18, PA	RT 1 OR PART 2)		
/	EDICAL	OR CONTRIBUTING			M.	19								
	ED	21d. INJURY OCC		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARAA FIC)	211 LOCATION	N		CITY OR TOWN		COUNTY	S	TATE
	2	AT WORK A	T WORK											
	1				e deceosed from	EPT	1478	, 19	to	INE S	20_,1	979	thot (I) 6	lost
		sow the dec	eosed olive on e) (did) (did no	JUNE) view the body	ofter death.	4.0	nd that in (my)	opinion o	death occurred	d on the date	and hour	and from the	couses st	oted
		226. SIGNATURE	00 (- Co	21 1	7,11	DEGREE					22c. DATE	SIGNED	70
		Cher	res	Z. Ul	wou	W	A I	TENDING HYSICIAN	MEDICAL DIRECTOR (STAFF PHYSICIA	N	6-	30-	19
1		22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)	1110	7	22e ADDRESS	1601	DA	1 /11	4100	Shir	110	,
		CAHAI	UES	EIE	LLICOT	1 Mil	11134	YOKK	KON.		HHER	VILLE	11/1)	
	15	URIAL, CREMATIC	ON, REMOVAL	23b. DATE			EMETERY OR C			NWOTS		COUNTY	ST	ATE
	Bu	rial		July 3,	1979 Mid	dleb	urgh Cen	netery	Midd	leburg	gh,	New '	York	

BP.

TO FUNERAL DIRECTOR: retained by the haspital

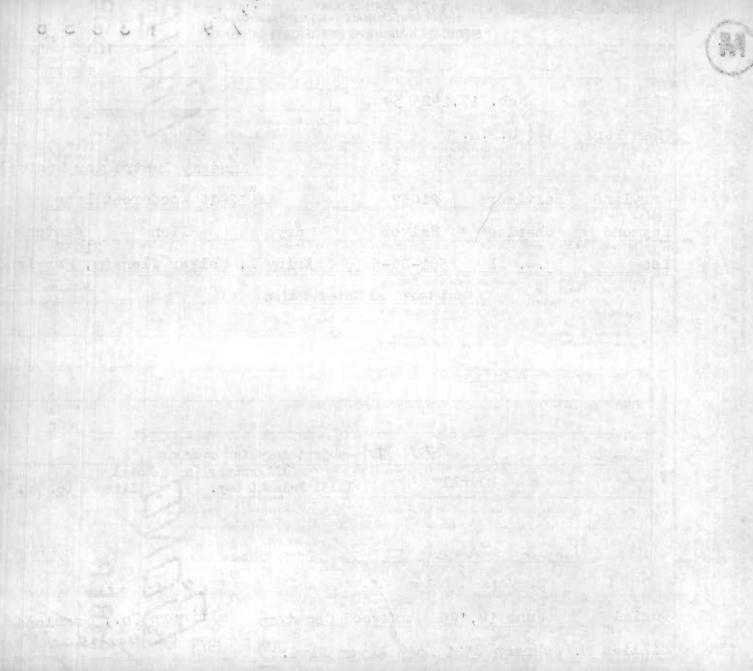
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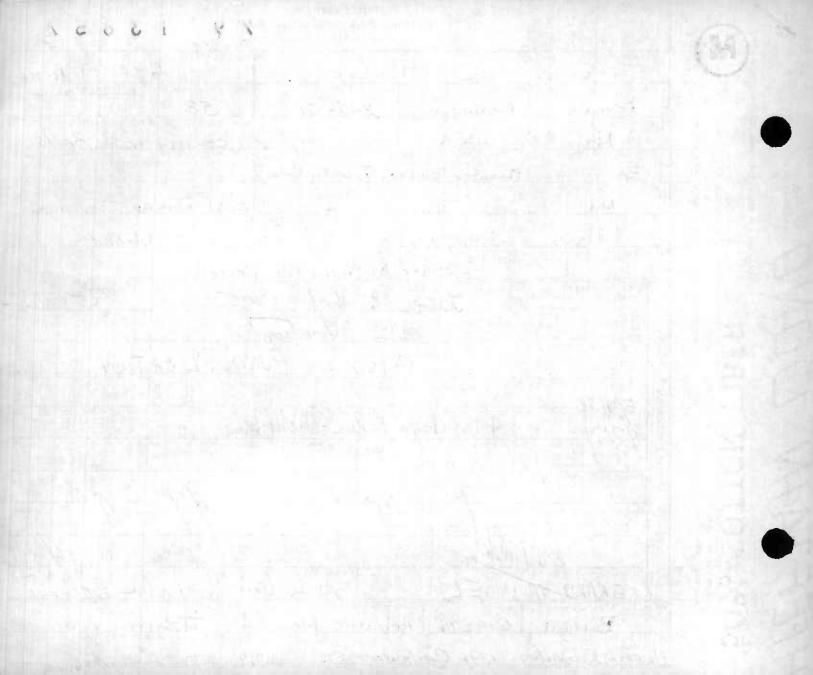
TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/76 (VR A 15 (4))

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1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO. I. DECEMBER OF THE ST MIDDLE LAST 20 DATE KNOWN MONTH DAY OF ESTI-	YEAR 2b. HOUR
(TYPE OR PRINT) OF ESTI-	
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	19 79 M
MONTH DAY YEAR LAST SIGNINDAY) MONTHS DAYS HOURS MIN PRONOUNCED	70 11:10
WITTE FIGURE 15 TATE TO THE TOTAL OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OF EDURE OF THE TOTAL OF THE	
76. CITIZEN OF WHAT COUNTRY? New York 76. CITIZEN OF WHAT COUNTRY? New York 76. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Baltimore County,	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK 12b. KII) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! 11. 11. 12. Pull or 1. Highways	RINDUSTRY
BACTIMORE 11131 Pulaski Highway Anatomy Instructor	Medical
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK 172) KIN OF MOST OF WORKING LIFE) 13. STATE 13. COUNTY 13. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	ne
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	
≥ 4×297 A Raymond Chanles Walken Many Filen : F	enton
5 & 8 - 7 16a. WAS DECEASED EVER IN U.S. ARMED POACES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 210	
Yes W.W. II 561-26-5055 Shirley L. Walker Glenarm, [18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	
	PROXIMATE INTERVAL
TE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PETUDE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which	
PARTIDEATH WAS CAUSED BY: PARTIDEATH WAS CAUSED BY: PARTIDEATH WAS CAUSED BY: PARTIDEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (o) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	
Conditions, if only, which gove rise to immediate cause (a) stating the under-lying cause lost. Conditions, if only, which gove rise to immediate cause (a) stating the under-lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF	
10 E N T T T T T T T T T T T T T T T T T T	
Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUT	
THE CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. A STEEL OF OPERATION 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	AUTOPSY?
TATAL TO PART 1 OF PART 1 OF PART 2)	res R NO
216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. OPPORTUNE Subject ingested overdose 216. INJURY OCCURRED 216. INJURY (AT HOME, STREET FACTOR) ARM, ETC.] WHILE NOT WHILE DO STREET FACTOR) ARM, ETC.]	
UNDERLYING OR CAUSE OF DEATH P.M. 6/9/ 19 Subject ingested overdose STREET ACCOUNTS TREET OF THE STREET OF TOWN UNDERLYING OR CAUSE OF DEATH P.M. 6/9/ 19 Subject ingested overdose 216 PLACE OF INJURY (AT HOME, STREET ACCOUNTY WHILE DO STREET ACCOUNTY WHILE DO STREET ACCOUNTY STREET OF TOWN NOT WHILE DO NOT WHILE DO STREET ACCOUNTY WHILE DO	
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death resulted from: Natural couses : Accident : Suicide : Homicide : Undetermined monner : ,	
ACTUAL SIGNATURE UNCHA LOCAL M.D. ASSISTANT MEDICAL EXAMINER SIGNED CALES AND ASSISTANT MEDICAL EXAMINER SIGNED	5/11/79
SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED	
ACTUAL SIGNATURE UNG WE SIGNED M.D. Assistant Medical examiner SIGNED SIGNED M.D. Assistant Medical examiner SIGNED M.D. ADDRESS 111 Penn St. Balto., MD. 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION COUNTY CO	
	STATE
24 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 1250 PGISTRAR'S SIGNAL	ryland
William E. Johnson 8521 Loch Raven Blvd JUN 1 3 1979	ready





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			IT OF HEALTH	AND MENTAL HYG OF DEATH	IENE 9	1 3	8 5	5 8
	EASED NAME FIRST		AIDDLE	LAST		20. DATE OF DEATH		1 YEAR	26 HOUR
	WILLIA	AM J	Γ.	WALLAC	E	JUNE 8	3, 1979		2:15 am
3. SE)	M	4 RACE		DATE OF BIRTH	3 1891	6. AGE (IN YEARS LAST BIRT)	YRS	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	PENNA.	76 CITIZEN OF		MARRIED N	EVER MARRIED	BALTIMORE CITY O BALTIMORI			MD.
	TOWS ON	SAINT	HOSPITAL, NURSING I HFACILITY, GIVE STREET ADD JOSEPH HO	SPITAL	R INSTITUTION	12m USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	OF BUSINESS OR
13a S	RESIDENCE IN NURSING HOME TATE 136 COL		GIVE RESIDENCE BEFORE AD.	YES [MHH	1000	DRIVE
	ROBERT	WAL	LUCE		ARMIN	T)A MIDDLE	· Us.	nk LAS	1
	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	210-03-5		ORETTA	FORRES		AIS	OVE
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUENC	E OF	LATED TO THE TERMI	INAL DISEASE OR CONI	DITION GIVEN	IN PART 1/c	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	(Uremia)	ERATION WAS	PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH DAY	YEAR 19	OW INJURY OCCURR	ED JENTER NATURE OF INJUR	Y IN ITEM 18, PARY	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FARM		OCATION STREET	CITY OR TOW	N }	COUNTY	STATE
	220.1 certify that (this has sow the deceased alive cobove, (Kiwe) (aid) (aid)		deceased from	lay 16	n (√) (our) opinion o	, toJune_ { death occurred on the do			that (we) lost couses stated
	22b. SIGNATURE	it L	Sig	DEGREE	ATTENDING	MEDICAL STAF	f IAN 🗍	June	8, 1979
	22d. PHYSICIAN'S NAME (TYPE	77-7-1	0112	76 A	DDRESS	R DR., TO	-		
23a. B	BURIAL, CREMATION, REMOVA	L 236. DATE	1-79 210	NE OF CEMETER	Y OR CREMATORY UTHERA	23d. LOCATION CITY OR TOWN		YTAUK	STATE
24. FL	INERAL DIRECTOR			-	25a. DATE	REC'D. BY REGISTRAR	25h AEGISTRA	R'S AIGNAT	HRE

DHMH-16 20M (VRA 15, 4) 7/78

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR:

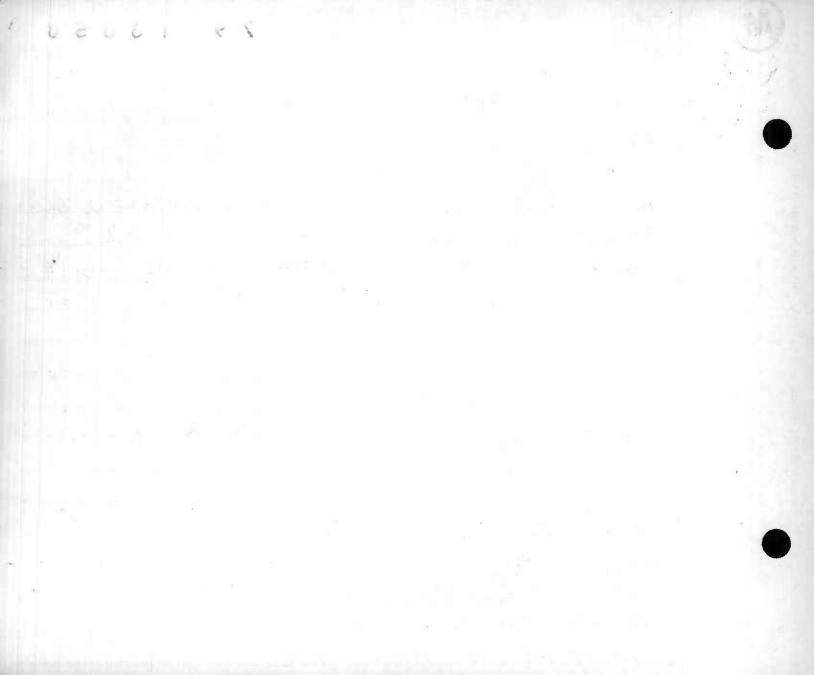
TO HOSPITAL

IMPORTANT: If Hem 21 is

the buriol-tronsit permit. Then please and Mental Hygiene prior to buriol, cr

morked or Hem 18 shows o

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S IGNATURE



Seed . M. Frank

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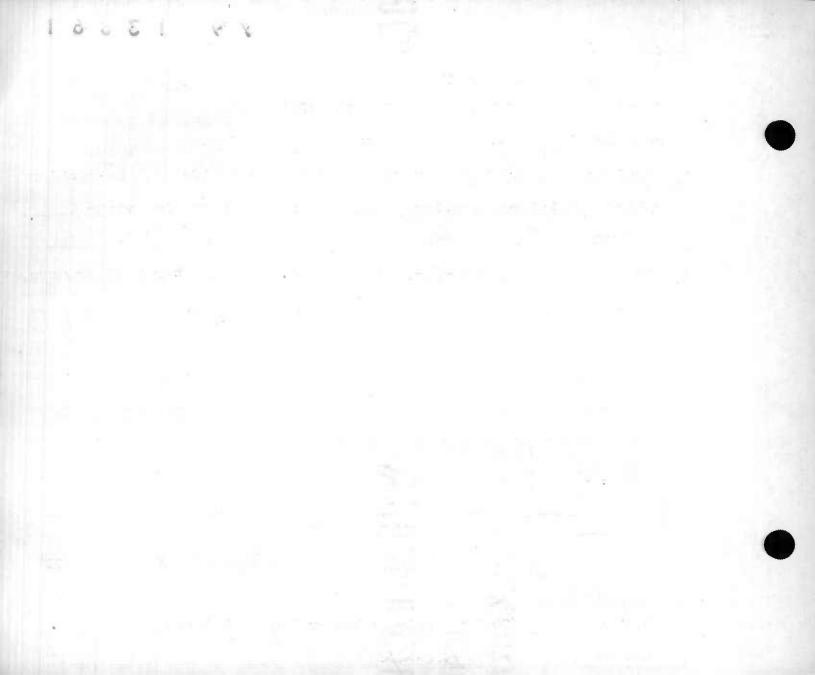
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	STATE REGISTRAR	*go	MI	EDICAL E	XAMIN	IER'S CI	ERTIFICATE	OF DE	ATH	REG. NO	3 8	6	U
	ECEASED NAME	FIRST		WIDDIE	1-4		ADATED	1	20. DATE K OF DEATH	ESTI-	MONTH	DAY YEA	R. 26. HOUI
3 SE	X 14	WILTO	S. DATE OF BIRTH	Α.	6. AGE (IN YE		ARNER DER 1 YR. I IF UND	ER 24 HRS.		WAILD [MONTH	19 P	AR IN HOU
			MONTH DAY	YEAR	LAST BIRTHD	MONTHS		MIN.	PRONOUNG DE AD	CED	6	17 00	21
	SIRTHPLACE (STA	WHITE	01 10		65 Y	To Table				DE CITY O	PCOUNT	Y OF DEATH	11301
F	OREIGN COUNTRY)				KIF		D NEVER MAI		7. BALTIMO) of	COUNTY	OFDEATH	1
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10. (III OK TOWN O	PUEATH	11. NAME OF HO	FACILITY, GIVE STI	REET ADDRESS)				MAL OCCUPA MOST OF WORKE		OF WORK	OR INDU	
	RBUTUS		5607	HUNTSM	OOR RO	DAD, 2	1227	INS	SPECTO	3		GEN.	MOTORS
13a.	STATE	13b. COUNT	R OTHER INSTITUTION, O		OR TOWN		3d. INSIDE CITY LIMITS	13e. STR	REET ADDRES	S			
M	LARYLAND	BALT	IMORE	ARBI	UTUS		YES NO				ROAL	D. 212	27
14. F	ATHER'S NAME		MIDDLE	1	AST		15. MOTHER'S MA				2	LAST	
	UNKNOW				ARNER		SUSAN		.3		12 6	BROCK	MAN
160.	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?		IAL SECURIT	Y NO. 1	7. INFORMANT		200	ADDRESS			
(NO	(4 160, 0142 (. A. S. DATES	213	-10-40	088	JUANITA	P. WA	RNER	5607	HINTS	SMOOR 1	ROAD
	18. CAUSE OF	DEATH (Enter anl	y ane cause per lir					- 114	-	2007	1101111	APPROXIM.	ATE INTERVAL
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	429	107		R AS A CONS	SEQUENCE	OF						1	
		, if any, which										/	
		ta immediate tating the <u>under-</u>	DUE TO, O	R AS A CONS	EQUENCE	OF					+		1
	lying cause	e last.											
	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERM	AINAL DISEASE D	OR CONDITION GIVEN IN	PART L (n)				-	-
Z							The state of the s	1 761 1 107.					
CERTIFICATION	190. DATE OF C	PERATION	196. COND	ITION FOR W	/HICH OPER	RATION WA	S PERFORMED?					20. AUTOPS	SY?
FIC									160		7		
ERT	21a EXTERNAL	CAUSE WAS	21b. TIME C	OF INJURY		[2](HO)	W INJURY OCCUR	DED (ENTER)	NATURE OF INIUI	PY IN ITEM 19 P.	APT 1 OR PARI	YES [NO
10	UNDERLYING	OR	HOUR A.	M. MONTH	DAY YEAR	R		NED (CINICK)	OF INJUI	AT HE ITEM IS F	/ VREAKI	. ~/	
MEDICAL	21d. INJURY OC	G CAUSE OF D		OF INJURY	19	21f. LOCA	ATION						
ME	WHILE	NOT WHILE		CTORY, FARM, ETC		STR			CITY OR TOWN	٧	COUN	NTY	STATE
	AT WORK	AT WORK											
	220. I certify	that I took charge	e af the remains de	scribed abav	e, held an	Autapsy	, Inspect	tion ()	Inquiry [and,	d in my apir	nian	
	death resulted	/	al causes .	Accident		icide .	Hamicide		ermined man				
),	MIM i	. B. P. H	ILLIA	MSON	11 M.	SPECIFY)						1
	ACTUAL	MINU	ROFERA	ONAN	ARTS	BILMO	1 And 100 M	6-2	HCAL EXAMI	UFP.	DATE	11/13	129
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	EXAMINER'S N		OV BALI	MORE	1474 1 1	ONAL	DDRESK /						1
23 o. l	BURIAL, CREMATI	ON, REMOVAL 23	b. DATE	23c. N	AME OF CE	METERY OR	CREMATORY	734. LC	CATION		329.37.11		in the
	BURIAI		06-16-79				CEMETERY	CITY	TIMORI	CITY	соция		YLAND
24.	UNERAL DIRECT				000011	2122		E REC'D. BY	REGISTRAR				
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THE PERSON NAMED IN COLUMN TO THE PE SECOND FOR TYPING AN AVERAGE VALUE OF THE SECOND PROPERTY OF THE SEC HARA CHILL SERVICE STATE OF THE SERVICE SERVIC

HORE, MARYLAND 21201	ATTENDING PHYSICIAN The low requires that the deoth certificate be executed within 24 hours often deventible.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the University during the drawn and the foruse as the bund-transit permit. Then please remove corbanopers, Podes Land 2 should be filled
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires that the deoth certificate be	signed by the offending physician if the please remove corbanoopers. P
DIVISION OF VITAL RECOR	ATTENDING PHYSICIAN The low rec	OR: After this certificate has been a vive as the burial-transit permit. I
	hospi	Shed for

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 7 9	1 ;	3 8	61
7.6		CEASED NAME OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR
2	_		largar		Mary	Wası		June 17			2:20P
A)	3 SE			RACE		S. DATE O		6 AGE (IN YEARS LAST BI		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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9 9	C	RTHPLACE (STATE ORI			WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
五 方人		ennsylva		USA		WIDOW		Baltimo	re Coi	inty,	м
p 15/1		ITY OR TOWN OF DE		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS]	OR OTHER INSTITUTION	126 USUAL OCCUPAT		INDUSTRY	OF BUSINESS O
5 5 //		ossville					Hospita1	Housewif	9	Home	making
ould be	130	AL RESIDENCE (IF NUI	136 COUNT	Υ	I GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
hould	_	ryland	Balt	imore	Overlea	a	YES NO 🔀		Elm A	venue	
ond 2 s	IA FA	THER'S NAME FIRST Henry	MI	DDLE	Reedy		IS MOTHER'S MAIDEN NA	WE		LA.	12
		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	₹ESS		
Poges	<u>'</u>	No	(# 123, 5112 #	AR OR OATES	214-74-	-5021	Edward J.	Bartenfel	ter 7	815 A	rdmore
nysicio popers lovol. ent, the		II CAUSE OF DEA	TH (Enter only	one couse per	r line for (a), (b), an	d ici,i					MATE INTERVAL ONSET AND DEATH
yent vent		PART I. DEATH V	WAS CAUSED IMMEDIATE		Respir	ator	Arrest, De	phydratio	n		
or re		1749	MINEDIALE		R AS A CONSEQUE			st Cancer	,		
ve ce		Conditions, if on	, which	(b)_	K AS A CONSEQUE	INCE OF	Dica	oc cancer			
se remot cremot		gove rise to in couse (a), state underlying cous	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF					
hen pleo o buriol jury, or	Z	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVE	N IN PART 1	0'
prior I	CERTIFICATION	190 DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES,	WERE FINDI	NGS USED
ows ene	HE							YES NO.	YES		NO [
Hyg Hyg	E E	210 ACCIDENT WAS UN		21b. TIME C		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PAI	RT 1 OR PART 2	
unol-trental	7	OR CONTRIBUTING	CAUSE OF DEATH	'	.M. MONTH D	19					
a We	MEDICAL	21d. INJURY OCCUP	RED		OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION	CITY OR TO	NAME .	COUNTY	STATE
s the s and rked	¥	WHILE NOT V	ORK	(AT HOME, SI	REET, PACTORY, OFFICE, P	ARM, ETC)	SINCE	CITY ON TO	1444	COUNTY	STATE
se of the colline and the coll		220 I certify that (this hospita	ottended th	ne deceased from _	Jur	ne 15, 19 79	June	17	9_79	that (1) (we) los
2 Lis		sow the deceo obove, (1) (we)		June		79.0	nd that in (my) (aux) opinion	death occurred on the	date and hour	and from the	couses stated
hed tem		226 SIGNATURE	LIM) (GIG HOT)	view the body	offer deoffi.		DEGREE			22c. DATE	
defoci Tate D		4	Gagn	Ar Do	1 Man 4 -	36 5	ATTENDING PHYSICIAN	MEDICAL STA		61	17/70
H OV A		224 PHYSINADITA	Warres	NV DE	lMonte,	W. D	22e ADDRESS	J DIRECTOR (L) THIS	CIAITI	1 0/	1//9
		JU001	www	le le			0000 5	n1-1 i - C-			03000
0 4 3 8	230	BURIAL, CREMINION	REMOVAL	23b DATE	T 22. N	NAME OF C	EMETERY OR CREMATORY	nklin Squ	are Di	rive	21237
	(Burial	- TEMPOTAL	6/20			edeemer Cen	CITY OR TOWN		YTHUO	Md.
_	24 FI	JNERAL DIRECTOR	7 /	1/20,	19 110	JLY I		EAN O BYREDISTRA	R 25b. R 31510	10 STOCKO	(Sellingaring
H-16 20M 15, 4) 7/78		NAME	(+X	179	LOI ADDRESS	· D		CIAT TO TONG		/	/
13, 71//0		Congress	. 1	//	UI Oake	en No	7 >			F .	





	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND
- STATE	CERTIFICATE OF

AND MENTAL HYGINE

		REGISTRAR		CERTI	ICAIL OI DEATH	REG. NO		1	
		CEASED NAME APPRINT	2 E/12	Abeth W	leber	20 DATE OF DEATH M	NONTH DAY YE	9 3 A	90 M
	3. SEX	Y F	RACE 3	5. DATE (6. AGE (IN YEARS LAST BIRTH	MONTHS	YEAR IF UNDER 2	24 HRS MIN.
6		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WH	AT COUNTRY? 8 MARRIE WIDOWI		9 BALTIMORE CITY OR	COUNTY OF DEAT	н	MD
C	-	Towson	MANO	SPITAL, NURSING HOME (CILITY GIVE STREET DORESS)	C RUXTON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINES	SSOR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT MD Baltir	other institution, Giv iy nore	eresidence before admission; CITY OR TOWN Pikesville	YES ☐ NO XX	13e STREET ADDRESS 4 McHenry	Road 2	21208	
3		Albert	DDLE	Weber	15 MOTHER'S MAIDEN NA.	4, MIDDLE		Khlor	
1		vas deceased ever in U.S. arm (es, no grunknown) No –	VAR OR DATES)	0 SOCIAL SECURITY NO.	3014 Caves Ra	Ethel Berne l., Owings M	itls, MD 2	21117 PROXIMATE INTERVEEN ONSET AND D	
	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR A	S A CONSEQUENCE OF CERTIFICATION OF CERT		lar disease	10 ITION GIVEN IN PAR	, ellara	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIC	n for which operatio	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH NO	H?
1	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF	MONTH DAY YEAR	21t. HOW INJURY OCCURI 21f LOCATION STREET	RED (ENTER NATURE OF INJURY			ATE
		220.1 certify that (1) (this hospitosow the deceased alive an above, (1) (ws) (drd) (did not) 22b. SIGNATURE	June 1	8 19 79 0	nd that in (my) (\$⊈r) opinion	to June 19 death occurred on the dot MEDICAL STAFF DIRECTOR PHYSICI.	e and hour and from 22c. E	9, that (I) (3) the couses state SIGNED 19-79	(e) last ted
1		22d. PHYSICIAN'S NAME (TYPE OR Bonald O. Wood,			120 AD2REGreenme				
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 6/21/79		ve Cemetery	23d LOCATION GITY OR TOWN Randallst	county cown Balti	more N	ATE MD

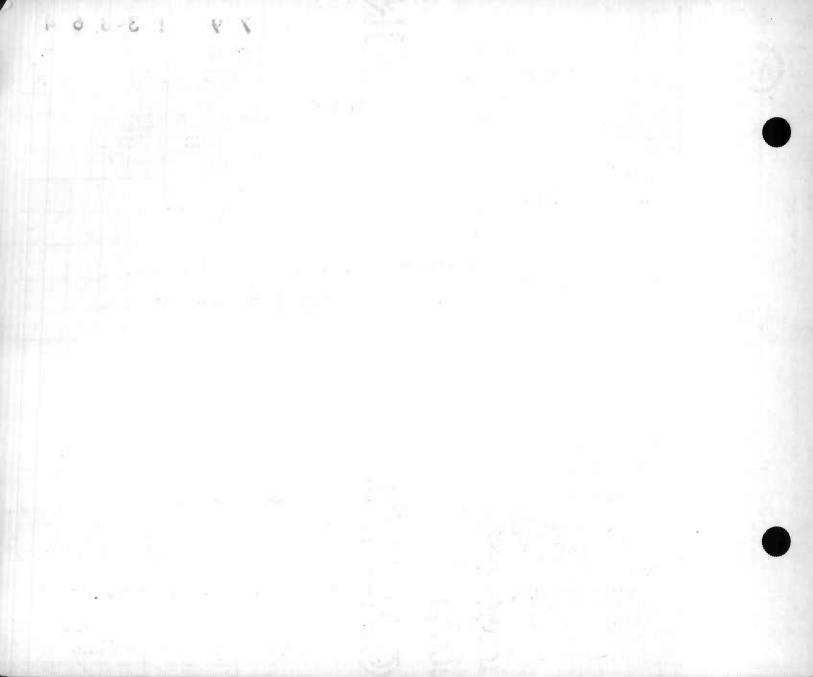
DHMH - 16 50M 1/76 (VR A 15 (4))

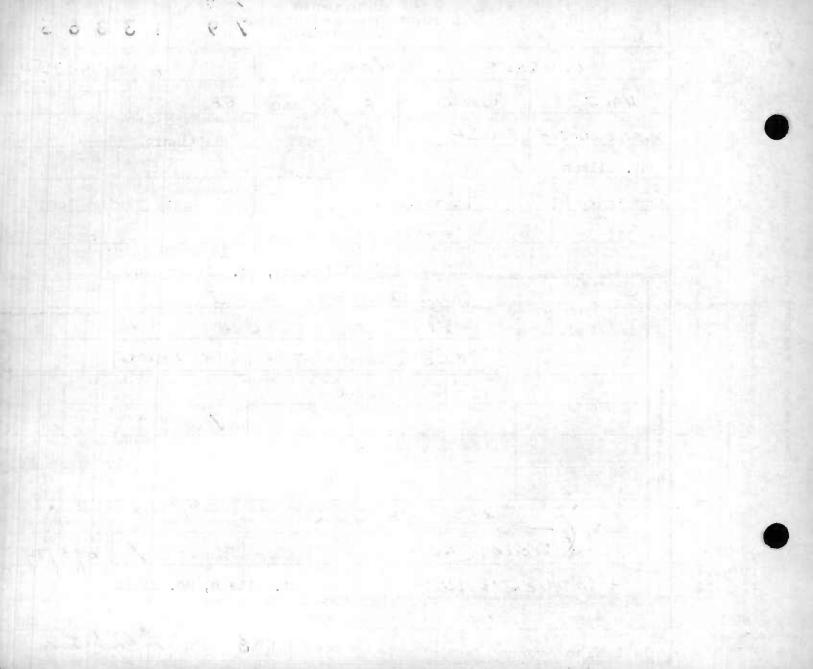
BURIAL 6/21/79 Mt. Olive Cemetery R. P.A. 250. DATE REC'D.

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250. DATE REC'D.

8728 Liberty Rd., Randallstown, MD 21133 JUN 2 (

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Y O Y O		nale STHPLACE (ST	White	76. CITIZEN OF WH							DEAD	V	Une	26 19/	190,M
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AV IS N THE F AGE 5 FILED,	10. CI	Y OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NURS	ING HOME	, OR OTH	ER INSTITU	TION	12a. USU.	AL OCCUP.	ATION (TYPE	E OF WORK	126. KIND OF	USINESS
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MD. ATH.	14. FA	THER'S NAME		MIDDLE	LAS	T		15. MOTHE	R'S MAIDE	NNAME	MIC	DOLE	11540	LAST	
A PW	TI	nomas H	layward W	heeler				Er	nma C.	Jen	ness				
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ALTIMA S AFTE GIVE P MIH FO VISION	No		(IF TES, GIVE)	WAR OR DATES)	92-32	-3088		Mary!	land N	lason	ic Ho	mes.	Inc.	Md.	
F., BALTIMC OURS AFTER 18. GIVE PG 5. WITH FOI II. PAGES 1			DEATH (Enter cal	y one cause per line t				1						T APPROXIMA	TE INTERVAL
4 ST.,	10	PARTIDE	ATH WAS CAUSED	BY:	ck Z	na (cb)	2	071	-						ET AND DE ATH
TON ST. 1 TEM HO 1 TEM H		000	IMMEDIAT	E CAUSE (a)	110	un		1/1-						Dudi	Year -
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5, 301 W. PRI ECUTED WIT A! EXAMINE BURIAL-TRAN ND MENTAL	3.0	lying cao	se 1031.	(c) 7	720	16	NE	de	3/ /	Hey	5			3/2	Moory
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGE ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM ED FANDING BE USED AS A BURBLAL TRANSIT PERMIT. PAGES 1 AN PRIOR TO BURBLAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIE	INTERNATIONAL	ONTRIBUTING TO DEATH BE	UT WOT RELATED	TO THE TENS	MAC DISEASE	OR COMBITION	GIVEN IN PAR	1116/		0.2			
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REAL PEN	CERTIFICATION	19a DATE OF	OPERATION	THE CONDITI	ON FOR WE	ICH OPER	ATION W	AS PERFOR	MED?	-	-	00	_	78. AUTOPS	/3
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F VITA WORD WORD HE CHI ORIAL,	BRTI		L CAUSE WAS	21b. TIME OF	IN II IPV		Tale UC	NAV INTITION	OCCUPPED	2 51155011				YES []	NOT
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IN THE TO HOUSE	ŏ.		IG A CAUSE OF D		3/20	1974		15	el.	1	~ /	A 000	2-2-2		
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M D M E M E		EXAMINER'S I						ADDRESS_	/				5.00		
TO MEDICAL E EXECUTE THE C FOUR SHOU TO CHURS HOU AFTER DEATH, BALTIMORE, MA	23a. BU	RIAL, CREMAT	ION, REMOVAL 23	b. DATE	_] 23c. NA/	ME OF CEA			ORY	23d. LOC	ATION .				
BP	Tra	hsit-Bu	urial J	une 29,19	79 SI	late I	Ridge	R CREMATO		DEA	rean, Y	ork C	O. COUN	Pennsyl	vania
DHMH - 17	24. FU	NERAL DIRECT	TOR		6-	20.00			250, DATE RI	EC'D. BY I	REGISTRAR	25b, REGIS	STOAR'S S	IGN MINE CA	and a
(110 A T.C. 140 (C))		Oholl 1	Jindef-3	ADDRESS	050	00 Yo	rk Ro	1.	100	JUL 2	197	A	urfor	7/1000	7
15M 7/77	LITT	chell-	wiedeleld	Home, In	c. Ba.	Lto.,	Md.			JULA	, 101				

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		- STATE REGISTRAR		No. 10 10		ICATE OF DEATH	REG. N	IÓ.		1
1		CEASED NAME FIRST EOR PRINT) Howard J. V	Thite	WIDDLE		AST	6/26/79	MONTH D	AY YEAR	25. HOUR
/	3 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
		Male	White		Jul		77	YRS.	ONTHS DAYS	HOURS MIN
30		IRTHPLACE (STATE OR FOREIGN ATYLAND	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DONORCED	Baltimore Baltimore	77 1.00		144
56	1	TOWS ON	(IF NOT IN SU	JCH FACILITY, GIVE STREET	G HOME (or other institution s St. 21204	120 USUAL OCCUPAT LTYPE OF WORK FOR MOST Real tor	ION	12h KIND	OF BUSINESS OR Employed
35	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland	OR OTHER INSTITUTIO		ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS. 2913 Grind	lon Ave		
340		ATHER'S NAME FIRST THUE	MIDDIE	Whit	e	15 MOTHER'S MAIDEN NA PRISTINE	WE	de m s	B'ê	alt
2		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	213-10-9		17 INFORMANT Evelyn Willi	ams 2913	ess Frindon	Ave.	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane couse pe SED BY:	er line for (a), (b), one Respira	l ic	Azano est			BETWEEN	XIMATE INTERVAL
	1	3510	ATE CAUSE (a) DUE TO, (OR AS A CONSEQUE	NCE OF					
		Canditions, if any, which gave rise to immediate cause (a), stating the	(b)_	Cardio OR AS A CONSEQUE	-	ular Accident				
		underlying couse last	(c)_	Diabete	s Me					
	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS C	CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	EDITION GIVE	N IN PART 1	(0)
2	CERTIFICATION	19a DATE OF OPERATION	196. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this has sow the deceased alive	6/2	6/79 19_	6/19	nd that in (my) (aur) apinian	, ta6/26 death occurred an the c			that (I) (we) last causes stated
T: If Item		22h. 510 110	ho	ann)	ATTENDING PHYSICIAN [MEDICAL STA	IFF CIAN DC	220 DATE	signed 29
MACKE		A. Sangher			98	GBMC, 6701 1	N. Charles	St. 21:	204	101,
Į.	230. Har	BURIAL, CREMATION, REMOVA SPECIFY DMENT	June 2			EMETERY OR CREMATORY d Mausoleum	23d LOCATION Baltime	ore	COUNTMARY	yland
	24 F	uneral director onard J. Ruck,	Inc. Ba	altimore M	aryla	and 250. DAT	REC'D. BY REGISTRAN	25b. REGISTR	AR'S SIGNA	TURE

A.S.4 lave soft to the the i. Faulte Faulte and modern first and illiance first Carbellan ave. nondescent done by to you amond annichance call theorem descent I commo J. Buch, Inc. Dal Chore Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

1			STATE OF MARYLAND		
11	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL	HYGIENE 9 3	8 6 8
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
TYP	ECEASED NAME FIRST PE OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	EDWAR		WHITENER	May 27,1979	3 · 25F
3. SE	ex no al -	RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR THUNDER 24 HE
2 0	MALE	White	4 6 192	55 YRS.	
/O. E	BIRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
10 0	CITY OR TOWN OF DEATH	11.5.77	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	BALA OCCUPINTY	MD
	TOWSON MD	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	IFE) INDUSTRY
	JAL RESIDENCE (IF NURSING HOME OR OT		HOSPITAL	TRUCK DRIVER	EXXONO
13a.	STATE 136 COUNTY	13c. CITX OR TOW	N 13d. INSIDE CITY LIMITS	S? 13e STREET ADDRESS	- 0.2-
14 F	ATHER'S NAME	KITILI	YES NO 15. MOTHER'S MAIDEN	138/3 /-MI	MUE
		DIE 10/6 TEST	FIRST /	MIDDLE	0-1 150
160	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16h SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	UNKIT
	(YES, NOOR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	Quin REDNOC	LINE WILDEDE	0 2013
=	77/0	01/10	1610 KJERTUFK	MOE WINIEJOE	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I		ONGESTIVE HEAD	RT FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	LLG1 _ IMMEDIATE			UT LATPORE	
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	T MYOCARDIAL	TNTEADOUTONO	
	gove rise to immediate couse (a), stating the	DUE TO, GAP DONSEOU		LINPARCLIONS	
	underlying couse lost.	DUE TO, STAS ACONSEOU	ENCE OF		
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION G	VEN IN PART 1(a)
NO.	PEPTIC ULC	ER &SUB TOTA	L GASTECTOMY F	RECURRENT KIDNE	Y STONES
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20h. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
E					ES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK				
190	22a.1 certify thax(1) (this hospital		May 22 1979		, 1979 , thot (we)
	sow the deceased alive on above 11 (we) (did) 1414 not) v	view the body ofter death.		nion death occurred on the date and ho	
	22b. SIGNATURE	ALE Shill	DEGREE	IG MEDICAL STAFF	224. DATE SIGNED
	A BUNG GIAANG ALAUS	a congress	PHYSICIA	N DIRECTOR PHYSICIAN	
1	DR. FRANK D. M		22e. ADDRESS	YORK RD. TOWSON	MD 2720)
					MD. 21204
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY
24.5	DURIHL	5-31-14 1	ILY MOSHRY	ERU 1311/16	16110
24. F	FUNERAL DIRECTOR	ADDRESS ADDRESS	1401 5: / 250.	DATE REC'D. BY REGISTRAR 151 BESS	My Me Outlong
0	OVIKILLIVEL	JEK FOORK	1121C CHESIEN	MAY 23 13/3	1.1

0000 101 201 THE REPORT OF THE PARTY. CHICATO DELLE RATIONED OLICENO AND THE REAL PROPERTY OF THE P 47 PERTICULAR SELE TOTAL CASTERIORS RECORDINE STORES SE20 YORK PT. MONEYN ND. 1119 TO WEED DO TO THE ST. P. The state of the state of CTONESSE DE L'ESTE SON SON SYNTERE LE LE

15M 7/76

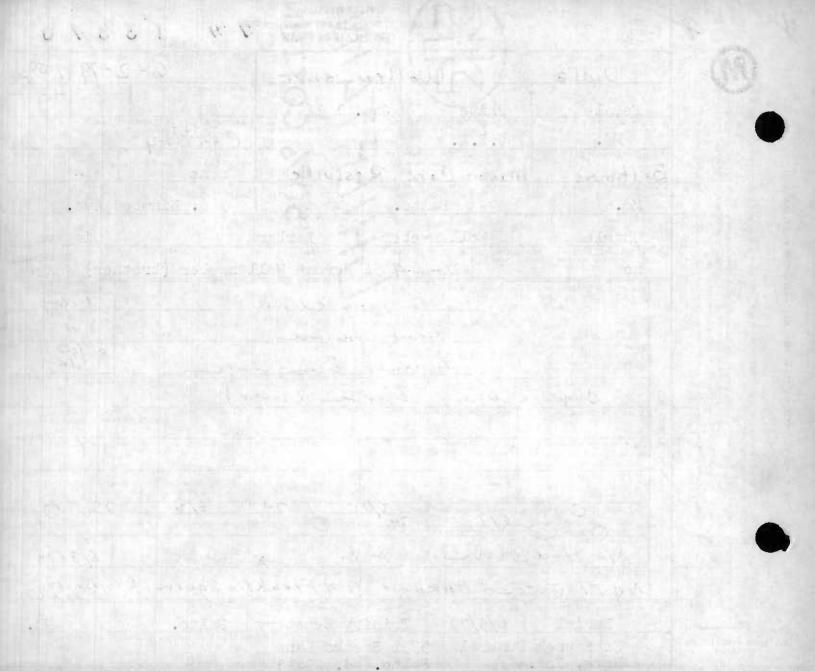
STATE OF MARYLAND

0 6 6 1 9 8 3 0 是我的人。 对自己的 . S. . . Si Deg (V to S and asymptom the state of the s Mr. Hartin and Line and Company of the Company of t Caretained a committee of the THE PARTY OF LINE WAS ASSETTED BY AND LONG THE PARTY OF T

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAS1 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH DAYS 1899 Female White Jan 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Baltimore Md. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE

130 COUNTY

130 CITY OR TOWN PP 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. S. Linwood Ave. YES.X NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 MIDDLE FIRST MIDDLE TO Charles Wollenweber Barbara Siegeun 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS same (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 216-46-7454 Herman Wollenweber (brother) address no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY das IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF 11 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive a and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ild b MPORT shoul vith th 23a BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Burial Balto. Trinity Cemetery Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 NAME Schimunek Funeral Brehms Lahe (VR A 15 (4))



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The la etained by the haspital ar attending physiciar certificate has been signed by the ottending physicion and campletely filled in by the urial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed

should be detached for use as the burial-transit permit. Then please remaye cowith the State Dept. of Health and Mental Hygiene prior ta burial, cremation,

MPORTANT: If Hem 21 is marked ar Item 18 shaws any

medical

injury, ar ather traumatic event, the

may be

STATE OF	MARYLAND

	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	8 7 1
	1. DECEASED NAME FIRST MILOYE	d Middle	Vrightson	JUNE 27	1979 115AM
	Fomale	White	DATE OF BIRTH MONTH DAY YEAR 6 13 1904	The factor of th	UNDER 1 YEAR FUNDER 24 HRS
1	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	TICA	MARRIED NEVER MARRIED	Baltimore County of Baltimore County	77
)		11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR 1573 Williams Ave	RESS)	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY B&O Railroad
/	USUAL RESIDENCE (# NURSING HOME OR O 130. STATE 13b. COUNT Maryland Baltin	TY 13c CITY OR TOWN	MISSION)	13. STREET ADDRESS 1573 Williams Av	
Ċ	14. FATHER'S NAME Thomas	Sherbert	is mother's maiden na Cather:	ine - MIDDLE	Lind (AST
	160 WAS DECEASED EVER IN U.S. ARM (yes, no or unknown) (if yes, give w	MED FORCES? 166. SOCIAL SECURITY 219-10-45	Charles Wrig	ghtson, son Balto	Williams Ave. .Md. 21221
	PART I. DEATH WAS CAUSED IMMEDIATE	DUE TO, OR, AS A, CONSEQUENCE	av Avrhythm	Disease	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH MINULES YEARS
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE			
	PART 2. OTHER SIGNIFICANT CO	CHEY'S CLEYOS, S 196. CONDITION FOR WHICH OPE	With Drevious		WERE FINDINGS USED NG CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	J 1 OR PART 2)
	(F ETIMER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospital the form of the	may 30 1076	L, and that in (my) (aur) opinion	death accurred on the date and hour a	nd from the causes stated
	m signature	Paybert m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27 Ouns 79
	22 PHY SICIAN'S NAME (TYPE OR P	PRINT)	22e. ADDRESS	Davis Phil R	140 41 1 21220

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

231 NAME OF CEMETERY OR CREMATOR Holly Hill Mem. Gardens

23d LOCATION CITY OF TOWN Baltimore County, Maryland

Old Eastern Ave. Funeral

DHMH-16 60M 1/73 (VR A 15 (4))

TO FUNERAL DIRECTOR:

And the Land of th sery 1221 - 1577 - 1211tons dv. y noticed that there were saved that a serious that the - Promote - terrore - terrore SWG INTIPOLO Sear Marie Land Company of Control of A STATE OF THE PARTY OF THE PAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

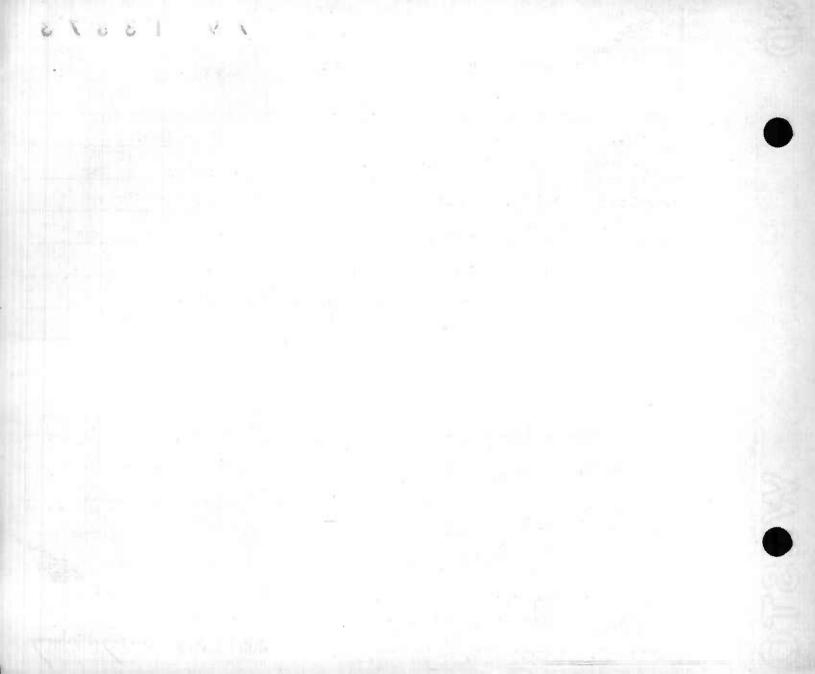
FOR Items 19a. & 19b.

TONO ELLEST YEAR MADE E LESTEN STORY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE "

FOR

- STATE

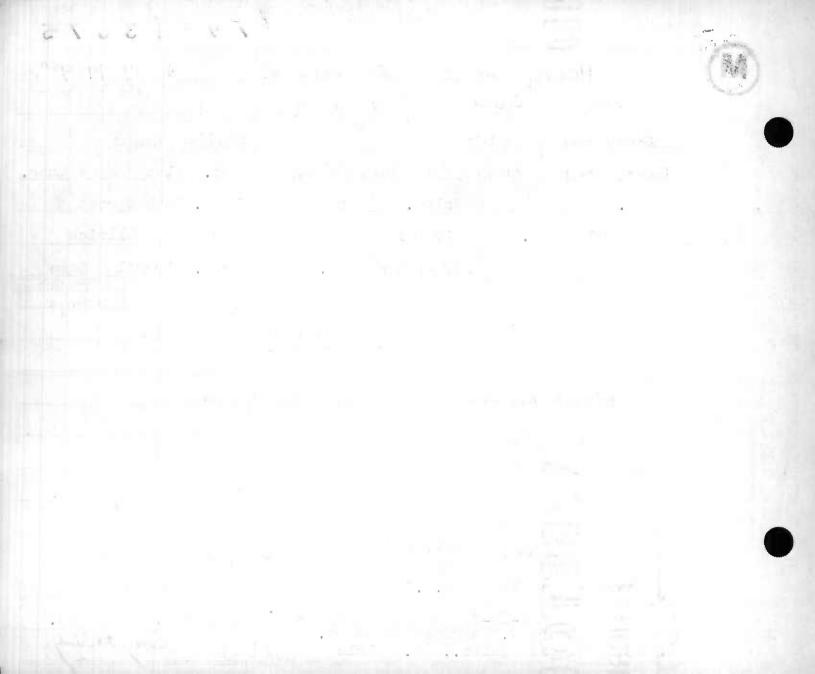


		,	FOR STATE		DEPARI	MENT OF HEA		NTAL HYGIEN	1 9		3 8	7	4
		1 -	REGISTRAR			CERTIFIC	ATE OF DEA	ATH .	R	EG. NO.	4		1
-		1. DEC	CEASED NAME FIRST	W	IDDLE	LAST		20.	DATE OF DEA	HTMOM HTA	DAY YE	EAR 2b	нои25
N. M.			Mar	garet	M.	Zealo	or			6	8 '	79	1: p
E (EAT)		3 SEX		4 RACE		5. DATE OF	BIRTH	YEAR 6 A	AGE (IN YEARS L	AST BIRTHDAY)	MONTHS		UNDER 24 HRS
1			Female	White		01	23	07	72	YR	1	DATS THE	,,,,,,
neral m n 72 to	万	7e. BII	RTHPLACE (STATE OR FOREIGN)	US A	vhat country	MARRIED [NEVER MAR	RRIED L		iny <u>or</u> cour imore			MD
er de fuithi withi		10 C1	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	ING HOME OR		ITION 120	USUAL OCC	UPATION	12b K	IND OF BU	USINESS OR
by the	70		Towson		i-Medic		rsing	Center	101	MOST OF WORKING	SLIFE) INDU	Vest	menis
24 hour filled in ould be filmost be		USUA 130 S	L RESIDENCE (IF NURSING HOME OF			ORE ADMISSION)	d INSIDE CITY		STREET ADD		1/200	, T	51
tely 2 sho		4 FA	THER'S NAME	4-	1		MOTHER'S M				11	- /	
mple and	30		MATTHEN	MIDDLE	189 6	R	FIRS	KATIE	MI	DDLE	TIE	260	
n and ca Pages 1	1	6a W (Y	VAS DECEASED EVER IN U.S. AF ES. NOOR UNKNOWN) (IF YES, GIV	RMED FORCES?	218-40-	WRITY NO. 11	FIN TA	Sei	beur	224	8 EL	Len	Ac
sicio ipers. ral	1		18 CAUSE OF DEATH /Enter or	nty ane cause pe	ne fai (a), (b), a	nd (c)		- 14			BET	PPROXIMATI	T AND DEATH
physici on paper emaval event, th			PART I. DEATH WAS CAUSE	TE CAUSE (a)	prebro	VASCUI	nr I	NSUH	Clem	7		In	Ð
nding carbing or r			4340	DUE TO, OR	AS A GONSEOL	JENCE OF	. 4						
atte nave ation traum			Canditians, if any, which gave rise to immediate	1 b) CE	eresaro	arter	#/ /h	son	10515		/	n	,
by the ase rem			cause (a), stating the underlying cause last	DUE TO, OR	as a constol	JENCE OF	Repros	relev	05(1		31.	YI	3
ires t igned en ple burio Jry, or		7	PART OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT NO	OT RELATED TO	THE TERMINA			GIVEN IN PA	RT 1 a	
requestrate to y inju	4	TIO	Com A,	Hrte	riosc/	wote	CA			Histor			
as bee	2	CERTIFICATION	190 DATE OF OPERALION	19b. CONDI	TION FOR WHICH	H OPERATION)	WAS PERFORM	ED	20a AUTOPSY		YES, WERE F	AUSES OF	DEATH?
ysician. ysician. cate has ansit per Hygiene 8 shaws		ERTI	2)a. ACCIDENT WAS UNDERLYING	21b. TIME OF	A A	1/4	IL HOW INJUIS		YES N		/EV		10 🗆
SICIAN: The ng physician certificate harial-transit perton Hygier tem 18 show	7		OR CONTRIBUTING A CLUSE DE	ATH HOUR A.A	A. MONTH	DAY YEAR	IL HOW INJUR	RY OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	18, PART I OR PA	RT 2)	
HYSIA nding his ce burit A Mer		MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	2	1f. LOCATION STREET	4 - 1	CITA	ORTOWN	COUNT	***	*****
offer the sthe		×	AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE,	, FARM, ETC.)	I	NI	1	ORTOWN	COUNT	1	STATE
NDIN I or Use o tealti			22a.1 certify that (t) (this hasp	/ /	deceased from	-	2	1979	ta	18	, 167		(I) (we) last
Spite Spite CTO I for of h			saw the deceased all and a	view the bady o	after death.	9 . and	that in my (ou	opinian deat	h accurred an	the date and I	naur and frai	m the caus	ses stated
OR A be hos DIREC ached Dept. If Item			116 SCHARLED	10	. 0	DE	GREE	NDING A	AEDICAL	STAFE	126	DATE SIG	NED
	_		(supra)	yxpr	Leshe,	MA		SICIAN TO	IRECTOR P	HYSICIAN [6/	91	14
TO HOSPITAL retained by the TO FUNERAL should be detined to the Mith the State IMPORTANT:	1		A GINSO		NOS/c	ims	2 2 1	55 Gre	ene S	1/3al	+ ne	25	2/20/
7 5 F 2 3 ₹		230 B	UND CREMATION REMOVAL	23b DAJE	236.	NAME OF CEN	1		23d. LOCATIO	\$ 1	COUNTY	1	1/ STAR
BP	1			6/11/	19	Louder	· Vac		(x	DALYO		//	Y
MH - 16 50M 1/76 (VR A 15 (4))		E	NERALDIRECTOR TUNERA	L Chape	ADDRESS			JUN		79 A	IN THE	Sea C	rody

Landing Committee X Distriction of the Committee Designation mestro a server mestro parterne a pibel-idial mestro APPLICATION AND THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

FOR



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SERVICE STATE	-	
a service		
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PR 45 4		

completely tilled in by the funeral and 2 should be filed within 72

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

١		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR		
ı	Ivv Leona Zvirblis		,	June 24, 1	979	1:15P M				
١	3. SE		4 RACE	5. DATE C		& AGE IN YEARS LAST BIRT				
ı		Female	White	Aug.	7.4 7.00-	57	YRS.	YS HOURS MIN		
ı		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITDV2 1			R COUNTY OF DEATH			
1	Oh	DUNTRY)	USA	WIDOWE	NEVER MARRIED DIVORCED	Baltimore	County	MD.		
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C		120. USUAL OCCUPATE	ON 126 KINI	OF BUSINESS OR		
Rossville Franklin Square H USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			lospital	Housew	if working life) INDUST	?Y				
	13a S	TATE 136. COU	NTY 13c CITY O	R TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	son Road			
4	_	THER'S NAME	zaoza jzago	moou.	15 MOTHER'S MAIDEN NA		ison moad			
d		Charles	Cobb Ki	bble	E11a	Mae	Schio	LAST		
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	ADDRE		, <u>R</u>		
1	()	res, no or unknown) (IF Yes, Giv	294-1	2-9951	Barbara Zv	virblis, E	dgewood	Md.		
ı		18. CAUSE OF DEATH (Enter of	nly ane cause per line for (a),	(b), and (c).)				OXIMATE INTERVAL		
ı		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Respiratory Arrest, Carcinoma of Lung								
		1629 DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which								
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
		underlying couse lost (c)								
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
	TO	ξ (
	CERTIFICATION	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION		N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN				
i.	RTI				Tal was a same	YES NOX	YES 🗌	NO 🗌		
		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART :	0		
ı	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	land a second					
ı	MED	21d INJURY OCCURRED	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE		
ı		AT WORK			15 70		24			
ı		220 L certify that (I) (this hospital) attended the deceased from Jine 15 19 79 to June 24 19 79 that (I) (we) lost saw the deceased alive an June 24 19 79 and that in [my] (our) apinion death occurred an the date and hour and from the causes stated								
ı		obove, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.		DEGREE	ded in occorred dir me de				
1		M. Khan		ATTENDING MEDICAL STAFE						
4		224. PHYSICIAN'S NAME LTYPE OR PRINTS		PHYSICIAN DIRECTOR PHYSICIAN 6/24/79			/24/79			
١										
-	22- 0	Mukhtar Kh		Tas. NAME OF C		klin Square	Drive 21	237		
	13	SPECIFY)			EMETERY OR CREMATORY Cemetery tv Lutheran	CITY OF TOURS	COUNTY	STATE		
		Burial	June 27,197	9 Trini	Ty Lutheran	Joppa E REC'D. BY REGISTRAR	Harford	Md.		
		oward K. McC	OMAG TIT A	hingdon		ILIN 2 6 19	01-	1 Ma Creade		
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Abingdon,

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TO FUNERAL DIRECTOR.

